

## ENFIELD PUBLIC SCHOOLS

STUDENT: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

The above named student had a physical on \_\_\_\_\_  
Appropriate for his/her age and continues to be in good health.

Immunizations listed below are complete for his/her age.

\_\_\_\_\_  
**MD, PA, APRN Signature**

Practitioner's Office Stamp

### Immunization Record

Vaccine (Month/Day/Year) Note: \* Minimum requirements prior to school enrollment, at subsequent exams, note booster shots only.

|           | Dose 1 | Dose 2 | Dose 3 | Dose 4  | Dose 5  | Dose 6 |
|-----------|--------|--------|--------|---|---|--------|
| DTP       | *      | *      | *      | *   |   |        |
| DTP/Hib   |        |        |        |   |   |        |
| DTaP      |        |        |        |   |   |        |
| DT/Td     |        |        |        |   |   |        |
| OPV       | *      | *      | *      |   |   |        |
| IPV       | *      | *      | *      |   |   |        |
| MMR       |        |        |        |   |   |        |
| Measles   | *      | *      |        | Booster for entry into K and 7 <sup>th</sup> grade                      |   |        |
| Mumps     | *      |        |        |   |   |        |
| Rubella   | *      |        |        |   |   |        |
| HIB       | *      |        |        |   | Students under age 5                            |        |
| Hep B     | *      | *      | *      |   | Req. for entry into K and 7 <sup>th</sup> grade |        |
| Varicella | *      |        |        | Students born 1/1/07 or later Required for 7 <sup>th</sup> grade entry. |   |        |
| PCV       |        |        |        |   | Pneumococcal conjugate vaccine                  |        |

### OTHER VACCINES (SPECIFY)

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### Disease HX

Of above \_\_\_\_\_ (specify) \_\_\_\_\_ (Date) \_\_\_\_\_ (Confirmed by)

### EXEMPTION

Religious \_\_\_\_\_ Medical Permanent \_\_\_\_\_ Temporary \_\_\_\_\_ Date: \_\_\_\_\_

Recertify Date: \_\_\_\_\_ Recertify Date: \_\_\_\_\_ Recertify Date: \_\_\_\_\_